		<u> </u>		00 <u>00</u>	100					<u>.</u>			
et. , ,								Application or Docket Number					
	PATENT A		1			,							
Effective October 1, 2000								09/7/6898					
:													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								Small entity			OTHER THAN OR SMALL ENTITY		
TO	TAL CLAIMS	<u> </u>					F	RATE	FEE]]			
							-				RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ן ן	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			12min	us 20=	•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 mir	nus 3 =	•			X40=		OR	X80=		
MUI	TIPLE DEPEN	DENT CLAIM PR	RESENT					+135=			+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L			OR		<u> </u>	
 ~~A	dt		TOTAL		OR	TOTAL							
ື່^	1204 C	"نر			,_	OTHER							
, —	1 1	(Column 1) CLAIMS	(Colur			(Column 3)	F	SWALL	,	OR	SMALL	أحند	
⋖		REMAINING	ه	NUM	BER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI TIONAL	
٤		AFTER AMENDMENT		PREVIO PAID		EXTRA		TORIE	\ FEE		HAIE	FEE	
AMENDWENT A	Total	•	Minus	**		= ' .	ſ	X\$ 9=		OR	X\$18=		
BRI	Independent	٠	Minus	***		=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PLE DEPENDENT CLAIM								1	
							l	+135=		OR	+270=		
							A	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	_					\					
60		CLAIMS - REMAINING			REST ABER	PRESENT			ADDI-			ADDI-	
12		AFTER		PREVI	OUSLY	EXTRA		RATE	TIONAL		RATE	TIONAL	
2	T-1-1	AMENDMENT] National		FOR	 	 		FEE			FEE	
MENDMENT B	Total	<u> </u>	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent + Minus		ENDENT CLARA		<u> = </u>		X40=		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=		
							L	TOTAL	·	OR	TOTAL		
·								DDIT. FEE		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
ပ	<u>.</u>	CLAIMS REMAINING]		TEST IBER	PRESENT			ADDI-			ADDI-	
F		AFTER		PREVI	OUSLY	EXTRA		RATE	TIONAL		RATE	TIONAL	
3	Takal	AMENDMENT	D. Olmuse		FOR	<u> </u>			FEE			FEE	
RENDMENT C	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
11.55	Independent	*	Minus	***		1	} -		i .	I i	11	1	

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

~~~ ~~~~

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

X40=

+135=

X80=

+270=

TOTAL ADDIT. FEE

Appl. No. 09/716,898 Amdt. Dated July 1, 2004 Reply to Office Action of March 1, 2004

Please charge any other fees that might be due with respect to Sections 1.16 and 1.17 to the Deposit Account of Lerner and Greenberg, P.A., No. 12-1099.

Respectfully submitted,

Kyle H. Flindt Reg. No. 42,539

For Applicants

KHF:cgm

July 1, 2004

Lerner and Greenberg, P.A. P.O. Box 2480 Hollywood, Florida 33022-2480 Tel.: (954) 925-1100

Fax: (954) 925-1100